

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. VIII.

LOUISVILLE, DECEMBER 27, 1879.

No. 26.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.  
EDITORS.

MEDICAL HONORS IN ENGLAND.—At the dinner given in London, November 26th, by members of the British Medical Association, to Surgeon-major Reynolds, whose heroic conduct in Zululand has gained for him the gold medal of the Association, the chairman of the dinner, Dr. Alfred Carpenter, in giving the first toast, "The Queen," said of her: "The source of all dignity and honor in the empire, the upholder of all that is good and honorable, virtuous and brave; the sympathizer with suffering, sorrow, and misfortune wherever it may be, and as such the friend of the medical profession. Her Majesty, if she were not a constitutional sovereign, would, we may feel assured, shower down upon the profession those honors to which many eminent members of it are entitled."

These are strange-sounding words to American ears. That the queen is good and virtuous and wise, and that in all the offices of private and public life she is a noble example worthy of the world's imitation, is acknowledged wherever her name is known; but to say that she is "the source of all dignity and honor in the empire" is quite too far for a great man of science, such as Dr. Carpenter is, to go in loyal adulation in this enlightened nineteenth century. It is nearly equal to Harvey's dedication of his great book to King Charles, more than two hundred years ago, in which he says: "As the heart of animals is the foundation of their life, the sovereign of every thing within them, the sun of their microcosm, that upon which all growth depends, from

VOL. VIII.—No. 26

which all power proceeds; the King in like manner is the foundation of his kingdom, the sun of the world around him, the heart of his republic, the fountain from whence all power, all grace doth flow."

Whether Her Majesty would "shower down upon the profession those honors to which many eminent members of it are entitled" if she were not "a constitutional sovereign—that is to say, that these eminent men would get what justly belongs to them if there were no obstacle in the queen's way thereto—our British brothers know best. Certain it is, however, the medical profession of the "mother country" is not honored adequately by the powers that be. They make lords and the like of their preachers and lawyers, but only knight and baronet, the lowest hereditary titles, are the bones thrown to the doctors; and these bones are not thrown about in any great numbers either.

LIGHT HUES FOR WINTER-DRESSES.—Recently we extracted from the *Lancet* a compliment to the polar bear (or to mother Nature) for wearing a white coat, because white substances do not part with their heat so readily as dark; but another writer in that journal now declares it established that colors have no influence on the radiating power, and says: "With regard to polar bears, it would be hard to determine whether the animals are disciples of the exploded theory or not, but it is easy to conceive a reason for their color very different from that alleged in the article. A 'grizzly' upon the snow and a polar bear on dark soil would be such conspicuous objects that the prey which fall into their jaws would be moles indeed."

## Original.

### MEDICAL BRIEFS.

BY BENJAMIN J. BALDWIN, M. D.

I trust that the following rambling notes, taken, at the Bellevue and Charity Hospitals, from the lectures and clinics of some of the most eminent teachers of our country, may in some way prove interesting to those of your readers who have not time to peruse the learned disquisitions of ambitious writers, contributors who too often encroach on the space of journals to the sacrifice of the interest and patience of the "busy practitioner."

#### MORPHIA IN UREMIA.

Much has been written and said, both in praise and condemnation, of the use of morphia in acute uremia; and as a great many decry its use simply because it is antagonistic to traditional practice, I think it is but justice to the author that we first hear his evidence and then weigh its value.

Of this method Prof. Loomis stands an eminent defender, and those who have listened to his lectures or read his book must have been somewhat impressed with the plausibility of his views. Prof. L. reasons as follows: The skin in patients with acute uremia loses its excretory action—and diaphoresis, if induced, is not eliminative—nor do the bowels respond readily to purgatives. Then, if the system is overwhelmed by this uremic poison and all the avenues of elimination closed, the question is, how can you counteract the influence of this poison and open again the channels of elimination? To diminish reflex sensibility and subdue spasmodic muscular paroxysms must be speedily accomplished; for either, if continued, will terminate life. Chloroform heretofore has been almost a sole remedy; but Prof. L. believes that, so far from being beneficial, it even prejudices the chances of ultimate recovery by the changes its inhalation produces in the blood, which changes hasten rather than retard the development of the uremic toxemia. It also seems to him to be more difficult to establish diaphoresis and diuresis in patients to whom chloroform had been given. Chloroform only controls muscular spasm temporarily, and does not exercise any neutralizing effect on the poison.

Dr. Loomis says that in morphia he has an agent that not only controls muscular spasm, but reopens the avenues of elimina-

tion, either by counteracting the effects of the uremic poison on the nerve-centers, and thus facilitate the action of diaphoretics and diuretics, or itself act as an eliminator. He uses it in cases where the premonitory symptoms are most severe, as well as during the convulsions. The rules relating to its administration are altogether governed by the convulsions. Sufficient quantities should be given to control spasm. Neither the condition of the pupil nor the number of respirations afford reliable guides. Thus, he believes, morphia administered hypodermically becomes a powerful eliminator, in which belief Dr. Loomis is sustained by weighty corroboration based upon reliable clinical data.

#### CLINICAL ACTION OF DRUGS.

*Opium and Belladonna.*—Many physicians administer these two drugs in combination, not knowing why, but simply for the reason that they are recommended. On the other hand, you frequently hear doctors of good repute condemning the association, superficially reasoning that because one produces contraction and the other dilatation of the pupil, *ergo* they counteract each other and are inefficient when given together. According to Bartholow, undoubtedly an antagonism exists as respects a part of the action of these agents, but it does not embrace the entire range of influence on the body, and the balance of action produces results which neither is capable of alone. Atropia produces delirium; morphia produces stupor. The reciprocal influence exerted upon each other establishes a kind of physiological equilibrium which modifies to a great extent the evil effects of both. Thus morphia corrects the hallucinations and delirium produced by atropia; atropia increases the pain-relieving power of morphia. The after-headache, nausea, sickness, and depression caused by morphia is prevented by its combination with atropia. Morphia is a depressant sedative; atropia is a stimulant. Renal action is lessened by morphia, and increased by atropia. Whenever morphia is used to relieve non-inflammatory pain, or relax spasm, atropia should be combined. In all the neuralgias, in convulsions, in insomnia, in shock, in neurotic affections of the abdominal viscera, the combination of opium and belladonna gives the most gratifying results.

*Iodide of Potash and Salicylic Acid.*—The efficiency of iodide of potash is greatly enhanced by combining with it salicylic acid. Five grains of the acid added to fifteen of the potash equals thirty of potash alone.

## NERVE ASSOCIATION.

The vascular nerves of the skin arise from the same center as the vascular nerves of the viscera beneath. Hence applications to the skin affect the underlying organs. Thus do we derive benefit from the application of poultices, blisters, cups, etc. Poultices are useful on account of the moist heat they contain, which is a powerful sedative. Cups also are sedative; both valuable principally in the acute stages of inflammation. Blisters are serviceable only in the subacute or chronic stages or in retarded resolution, and should never be applied in acute stages, because their excessive irritation and stimulation paralyzes the vasomotor nerves, which results in an increased flow of blood to the parts. The circulation of those parts of the body cut in pairs, as pelvis and feet, is controlled by nerves which arise from a common center, and in this way we are enabled to check hemorrhage in pelvic operations by simply placing the feet in cold water. So do we relieve spasmodic and tightly-contracted strictures by bathing the feet in warm water. There is also an association between the feet and fauces, shown by the fact that cold feet often produce sore throat. The popular remedy of applying cold to the neck for epistaxis, though often laughed at by physicians, is undoubtedly efficacious, because the nerve-centers which control the circulation of the head are situated at the nape of the neck.

LOUISVILLE.

## THE AUDIPHONE AND DENTAPHONE.

BY W. CHEATHAM, M. D.

Of late the question has been frequently asked me as to which is the best audiphone, the one made in Cincinnati or the one made in Chicago. I have invested in both, and after experimenting had but little trouble in coming to the conclusion that the Chicago instrument is the best by far. The Cincinnati audiphone answers nearly the same purpose as the ear-trumpet. Conversation can only be heard when the speaker's mouth is quite close to the instrument—a great disadvantage. The Chicago audiphone can be used at the opera or church or in general conversation with perfect comfort and success. I think the form (fan-shape) is quite an item, as it is easily carried and can be used without exciting comment. The position of holding a fan in the mouth is quite a natural one.

The principle of the working of the audiphone is very simple. The instrument only does good in cases of deafness the result of external and middle-ear diseases. Where the nerve is involved it is useless. The instrument is held between the teeth. The sound striking it causes certain vibrations, which are carried through the bones to the nerve of hearing. In case of the patient having artificial teeth, the conducting power is of course interfered with very much.

Patients before investing in an audiphone should make certain tests, unless they have an instrument at hand to try. If on placing the handle of a tuning-fork (which has been caused to vibrate by striking it on the knee) on the teeth, the ringing is heard distinctly, or with increased intensity; or if a watch held firmly between the teeth is heard to tick well, it is pretty certain that an audiphone will be of some service to them. Patients in whom there is any prospect of improvement of hearing from treatment should not use such an instrument except on special occasions.

Why the Chicago audiphone is better than the Cincinnati dentaphone I can better illustrate by cases.

Mrs. P., who is unable to hear only when the voice is considerably elevated and the mouth put close to the ear, purchased a Chicago audiphone. The result was surprising. She can hear common conversation at some distance with it. I sent her my dentaphone to try. Result: can not distinguish a word spoken even when the mouth of the speaker is put close to the instrument.

Others I have tried with like result. Another objection to the Cincinnati dentaphone is the tension it is necessary to put the string to. It is tiresome to both hand and teeth. Having both instruments, I will willingly test any one who might wish to purchase if they will call at my office. My audiphone cost \$10.50; dentaphone, \$8.50.

LOUISVILLE.

**LAW IN ENGLAND.**—The duration of trials at law in the present day is beginning to occupy the attention of thinking men, and to this exceptional state of things the frequency of appeal from previous decisions must also be added. It would clearly be in the worst possible taste to insinuate that our judges are not competent to undertake the duties allotted to them, yet day by day verdicts are sought to be set aside on account of misdirection and wrong ruling.—*Medical Times and Gazette*.

## Formulary.

### SOLUTION OF SALICYLIC ACID.

The rather sparing solubility of salicylic acid is a considerable impediment to the employment of this agent, the use of which is so rapidly extending in so many directions. Many formulæ have been proposed for promoting its solubility, and from them we select the following:

- R Phosphate of sodium or ammonium.. 2 or 3 parts;  
 Water ..... 50 parts;  
 Salicylic acid..... 1 part.
- R Glycerine .....  $\frac{3}{4}$  xij;  
 Borax .....  $\frac{3}{4}$  ij;  
 Salicylic acid .....  $\frac{3}{4}$  j.
- R Spirits of niter.....  $\frac{3}{4}$  iv;  
 Syrup of tolu.....  $\frac{3}{4}$  j;  
 Salicylic acid..... gr. v.
- R Sulphite of sodium..... 2 parts;  
 Water..... 50 parts;  
 Salicylic acid..... 1 part.
- R Alcohol .....  $\frac{3}{4}$  iv;  
 Water .....  $\frac{3}{4}$  iij;  
 Glycerine .....  $\frac{3}{4}$  j;  
 Salicylic acid..... gr. iv.
- R Sol. of acetat. of ammonium..  $\frac{3}{4}$  j;  
 Salicylic acid..... gr. xvj.

—Medical Record.

## Miscellany.

POT AU FEU.—These wise words are condensed from a Pennsylvania newspaper:

The *pot au feu* is an iron pot kept constantly simmering upon the fire, into which is put from day to day all the wholesome remnants of food which in this country are thrown away. Our people never stop to consider how much nutriment adheres even to well-picked bones of porter-house steaks, mutton-chops, ribs of beef, legs of mutton, etc. All these and many things besides are put into the *pot au feu*; water, seasoning, and fragrant herbs are added as required; and the constant simmering—a solvent for even the toughest of Texan beef—extracts every particle of marrow even, and the bones come out as clean and white as if they had been bleached in the sun. This explains how, as Hugh McCulloch tells us, the forty millions of France could live on what the forty millions of America throw away; and when we consider the wretched cookery that prevails in this country, it is not too much to affirm that they live twice as well as do our farmers and day-laborers.

Any thing but the execrable cookery that characterizes the greater number of the do-

mestic establishments of America, even in cases where the material is bountifully provided. A woman may pass through fifty or sixty years of married life, and will adopt every fashion, mode, and custom as it is introduced, and would feel very uncomfortable and unhappy if she could not do so; and yet during all that long period she will persevere in following the style and manner of cooking and baking that she learned from her mother. She will cheerfully discard the costumes and fashions of her mother, but without the least reflection will retain all her obsolete modes of cooking and baking.

Why is it that there are so many restaurants, dining-saloons, and "refectories" in the country where one individual spends daily as much as is appropriated to maintain a family of six or eight? Not because all men go there from choice, unqualified by other considerations, but because they are *compelled to make a choice* between the savory and orderly-served meals there and the unsavory and carelessly-served meals at home. No human being can be mentally and spiritually comfortable who is not so physically. We should as earnestly insist on properly-prepared, properly-served, and properly-timed meals as we do upon proper periods of labor and proper religious exercises. The manner, the time, and the quality of the meal should be the good housewife's *first* consideration, and every thing else should be subordinate to it; when, in point of fact, every thing else seems to be superior to it.

HOT-AIR furnaces, says Mr. Battershall, in the Sanitarian, appear to be the only practical means of household warming; and if furnaces having the least possible number of joints be used, and proper care is exercised in their management, are entirely free from deleterious sanitary effects. In regard to their advantages and defects, the following statements are supported alike by scientific and practical experience:

1. Furnaces formed of several castings bolted together are very liable to leak gas, owing to the unequal contraction and expansion of the metal by changes of temperature.

2. Cast-iron furnaces made of three pieces (fire-chamber, body, and radiator), each cast solid from the best quality of iron, if properly managed, do not permit the escape of gas; the pieces being firmly united in deep grooved joints, and these connections, which are lateral, are packed with fire-clay.



3. Carbonic acid can not permeate cast iron one half inch or more in thickness to any appreciable extent.

4. Air heated by cast-iron or wrought-iron furnaces is as pure when hot as when originally introduced into the furnace, provided that the latter is properly constructed and the supply of cold air well regulated. Doing a large amount of heating with small furnaces is the great cause of the overheating of the surfaces and the consequent generation of vitiated air.

5. In brick-lined fire-chambers the danger of overheating is lessened, but owing to the reduced radiating surface the power of the furnace is greatly decreased.

6. Cast and wrought iron exhibit when heated to redness the same behavior to gases (carbonic oxide), and are both liable to become overheated. In all cases large furnaces should be used to overcome this objection.

7. The construction of small, cheap, light-jointed furnaces, put up by inexperienced men, is but poor economy, and is the chief cause of the evil effects so often observed in our general heating apparatus.

8. A large proportion of the gas that frequently contaminates the air of our dwellings escapes from the furnace during the introduction of fuel. The smoke-pipe damper, which should be perforated and fit loosely in the pipe, should be opened and the lower furnace-door closed when coal is added; and at all times a pressure should exist from without inward on every part of the surface.—*Metal Worker.*

**GASTRIC AND DUODENAL DIGESTION.**—M. Th. Defresne has written a memoir on Gastric and Duodenal Digestion and upon the Action of Pancreatine (*Lancet*). The conclusions at which he has arrived are that the hydrochloric acid of the gastric juice is combined with an organic base which modifies its action and changes its properties. In order, therefore, to study peptic and pancreatic digestion, it is requisite to employ a solution of hydrochlorate of leucin prepared with the gastric mucous membrane. By this means peptic digestion may be compared with that which takes place in the stomach. It is not continuous or illimitable, but it can be filtered and the residue can be determined. The acidity of the mixed gastric juice, in the lapse of half an hour after ingestion, is no longer due to hydrochlorate of leucin, but to the presence of lactic, sarcocollactic, tartaric, malic, and other acids; and he best test of this reaction is pancreatine,

which, after having remained for two hours in pure gastric juice, has no sensible effect upon starch, but after commixture with the mixed gastric juice, and neutralization, will convert seven times its weight of starch into sugar. This difference in the nature of the acidity of the pure and of the mixed gastric juice is rendered more manifest still by artificial digestion of azotized food. If the albumen has been previously macerated in hydrochloric acid, pancreatine, after neutralization of the fluid, only peptonizes five grams of albumen; but if the albumen be macerated in water an artificial chyme is produced, and the pancreatine after neutralization can peptonize thirty-eight grams of albumen. Pancreatine consequently does not undergo any alteration in chyme, but recovers all its activity in the duodenum. One gram of this substance can digest simultaneously thirty-eight grams of albumen, seventy-five grams of starch, and eleven grams of lard.

**LONDON FOGS DEGENERATING.**—Those who remember the orthodox "London fog" of forty years ago (*Lancet*) can have only a modified idea of a "foggy" atmosphere by inhaling the fog of to-day. In the good old days before the "main-drainage system" the purification of the Thames by inclosing that once too-tardily-retiring river—when its muddy banks were slowly left to give off pestilent and murky vapors—the London fog was an institution. Let those who have no practical knowledge of the genuine imitation rejoice in their ignorance. Nevertheless the fog of to-day is a nuisance and may be a source of injury to health. Whether or not it is the coating of bituminous coal received by the particles of vapor floating in the atmosphere which irritates the air-passages, as alleged by Dr. Frankland, certainly fog is a serious, most grievous enemy to the delicate of lung or larynx. We suspect, without looking beyond the fact that vapor of the coldest and least respirable character is inhaled with the air we breathe in a fog, there is enough to account for the injury done to the delicate membrane of the air-passages. The effect must be much the same as if the unhappy mortal who tries to live in an atmosphere of fog were subjected to a perpetual administration of spray for some throat affection. The spray is not remedial or medicated, but simply a cold, damp application, persistently applied, and engendering disease by reducing the temperature of the lung-surface to a point below that consistent with vitality.

**MEDICAL RECEPTIONS.**—The old saw, that all work and no play helps to make the subject of that condition a dull boy, has a striking application to members of our profession. At best our calling is an exacting and tiresome one, and its followers need something to offset a more or less continuous mental strain. We are glad to see that the old notion that the physician must be different from other men is fast passing away. Upon the contrary, some of our best workers are those who seem to enjoy life the most. They are to be seen at the opera, the theater, the concert-hall, and at the fashionable receptions with a regularity that would surprise the man who says he never has time to do any thing but strictly professional business. The secret of the whole matter is that some amusement gives in the end a better capacity for real work when the latter is necessary. It is a promising sign that such amusements are beginning to be common among medical men. Medical receptions are becoming quite frequent, and their enjoyable character is likely to make them still more popular. Aside from showing honor to distinguished strangers, we know of no means better calculated to edify the man medical as a social being, and to give him a closer sympathy with his medical brother, than the receptions to which we allude. On such occasions the individuals meet on the common ground of enjoyable sociability, and lose sight of mere differences of opinion in a common desire to be happy themselves and agreeable to their companions. Already the receptions which have been recently held are beginning to bear good fruit, transforming apparent strangers into congenial associates, and in creating a better understanding with all as to the true relation which professional gentlemen should bear to each other. We have a slight suspicion that the expression, "the more the merrier" will not be considered original with us, but it is nevertheless applicable to the occasion.—*Med. Record.*

**TRANSMISSION OF RABIES TO THE RABBIT.** M. Maurice Reynaud has recently addressed an interesting note to the Académie des Sciences on the transmissibility of rabies from man to the rabbit. This he has accomplished by the direct inoculation of a rabbit with the saliva of a man bitten by a mad dog, and the animal infected gave it in turn to two other rabbits. An important fact was elicited in the course of the experiments, showing that the tissue of the salivary glands, and probably the saliva itself, preserved its viru-

lent properties for as long a period as thirty-six hours after death. . . . The important practical point on which M. Reynaud dwells is that rabid human saliva, since it can produce rabies in the rabbit, is clearly poisonous, and that in accordance with all analogy it might induce the same condition in other persons; and hence that great caution should be exercised, not only in avoiding any introduction of the poison into the body from an accidental bite of the person afflicted with rabies, but that any post-mortem wound in the autopsy of such patients should be carefully guarded against.—*Lancet.*

**A CASE OF ABSENCE OF URINARY BLADDER—ONE OF NATURE'S MANY MISTAKES.**—Dr. Thos. Oliver, in the *Lancet*, December 6th, after describing a case of congenital absence of the bladder in a woman fifty-three years old, and who died apparently of tubercular disease of the kidneys, concludes as follows: "This case is not unique. Cases of absence of bladder have already been published, but they are rare. In the article 'Bladder,' in Todd's *Cyclopaedia of Anatomy and Physiology*, to which my attention has been very kindly drawn by Prof. Allen Thomson, a few cases of the absence of this organ are recorded, in some of which the ureters either terminated in the urethra or were inserted into the rectum, while in others they communicated with the vagina. Of the first species the following are examples: 'Lieutaud mentions the case of a man, aged thirty-five, in whom the ureters, the capacity of which was much augmented, terminated immediately below the pubis, near the orifice of the urethra. Binninger describes the case of Abraham Clef, in whom there was no urinary bladder, and the ureters opened into the urethra.' Of the second species 'we have in the seventh volume of the *Philosophical Transactions* the history given by Richardson of a lad who lived to the age of seventeen without ever having passed urine by the urethra, and who had still enjoyed good health. The only inconvenience he suffered was a consequence of the passage of the urine into the rectum, by which a troublesome diarrhea was kept up. Camper speaks of five similar cases, one of which was a female. Klein also speaks of a case. Of the third species cases are cited by Haller and Schrader.' There is also a case mentioned by Phillips of a female fetus in which the ureters opened through the abdominal parietes on each side of the pubic region in the form of little pouches."

**THE LANCET ON SURGICAL ETHICS.**—The recent success in ovariectomy, especially in the hands of Keith and Wells, is made the subject of a long article in our contemporary, the Scotsman, who can not generally be charged with want of taste. The achievement of Dr. Keith—seventy ovariectomies without a death—is one upon which not he alone, but surgery itself, must be congratulated. We have never opened our columns to any communication with greater pride and pleasure than to successive communications from Dr. Keith, reporting the rising rate of recoveries of successive batches of cases; but we gravely question perhaps the kindness, certainly the taste, of making such achievements the subject of articles in daily papers, and we are confident that in doing so we shall be strongly supported by Dr. Keith himself. . . . Every body feels it to be indelicate and inappropriate that newspapers should become the vehicles of such subjects. Medical men know further that the reason why so healthy and dignified a tone prevails in regard to the non-proclaiming of professional successes on the housetops and in newspapers is because the heads of the profession and the men who do the feats are the last to sanction such publicity.

**HYSTERIA.**—This is one of the most ancient terms in nosology. It has penetrated into every civilized language; it has passed into common parlance. Every body grumbles at it, and nobody can get rid of it. Even as regards the female it is wholly misleading, for hysteria is in its essence a cerebral disorder. As applied to men it is a grotesque misnomer. Looking to the etymology of the term, it is as absurd to speak of hysteria in a man as it would be to speak of orchitis in a woman. And yet there is a sense in which its use may be justified. The complaint is distinctively a feminine complaint; I mean feminine, not in the sense of gender, but having regard to the whole feminine character. When men betray hysterical symptoms they may emphatically be said to "play the woman;" and I know not whether—I commend the suggestion to evolutionists—the occurrence of hysteria in men is not as truly a "memory" of man's hermaphrodite ancestor as the rudimentary nipples which adorn his breast.—*Dr. Roberts, in the Practitioner.*

**REPEATING PRESCRIPTIONS.**—A writer in the Canada Medical and Surgical Journal says: "I propose to the prescribing physi-

cians of Montreal that some understanding be arrived at with pharmacists regulating the repetition of prescriptions containing morphia, chloral, etc. For instance, a circular to the effect that pharmacists are politely requested not to repeat prescriptions containing certain drugs without an order from the prescriber would, I think, have the desired effect. It would extricate dispensers from a dilemma which frequently presents itself. . . . With regard to ordinary prescriptions, I think it would be injudicious to interfere, as I am quite certain neither physician nor pharmacist can prevent the public swallowing too much medicine. They will have it, either in the shape of a favorite prescription or patent nostrum."

**ANTISEPTIC SURGERY.**—Mr. Spencer Wells, at the discussion upon antiseptic surgery at the Metropolitan Counties Branch of the British Medical Association, alluding to his own practice, urged that since he had followed Listerism the rate of mortality after ovariectomy had diminished to a far greater extent than could be accounted for simply by increased care and experience. He had lately had thirty-eight consecutive cases of ovariectomy and five of hysterectomy without a death; while of eighty-four cases treated antiseptically there were six deaths, as compared with twenty-one deaths in the last series of eighty-four treated without antiseptics.

**HONORS FOR THE ZULU WAR.**—We are glad to notice, says the Lancet, that the honorable distinction of "Companion of the Bath" has been conferred upon four medical officers of the army and navy for their services in the Zulu campaign; Deputy Surgeon-general James L. Holloway, Fleet-surgeon Norbury, Surgeon-major Caleb Sherar Wills, and Surgeon-major Charles M. Cuffe having been gazetted Saturday with other military officers. [Companion of the Bath is a good title for a medical knight.]

**THE Boston Medical Journal**, says the Detroit Lancet, has been comparing the preliminary examinations of the several medical colleges, and remarks: "It will be a matter of some surprise to many to find that Harvard's standard is lower than that of any other of the above schools, and we may add that the method of conducting the examination is so lax as to make it of little, if any, value as a test of the applicant's fitness to study a profession."



**THE DOCTOR'S FEE AND THE WAY OF THE WORLD.**—Patient with severe colicky pains at 3 A. M. says to his doctor, "Save me, and I will give you a check for a thousand dollars." As patient is wealthy, doctor smiles "childlike and bland," and administers a hypodermic injection of morphine. Five minutes elapse, and the patient feels easier. "Keep it up, doctor, and I will give you a check for five hundred dollars." Five minutes more, and patient drowsily turns in his bed, smiles his thankfulness through his tears, and assures the doctor that he feels like giving him a "fif-ty-dol-lar bi-ll." The doctor calls the following day, finds his patient up and dressed, and ready to go to his business. "You see, doctor, I have got over my little attack without giving you much trouble, but be sure to send in your bill the first of the month."

When six months elapsed the doctor sent in a bill for three dollars. His grateful patient pressed him to cut it down to two. After so doing the doctor sued to get it, and the patient put in a stay of execution. Case still on.

The doctor has lost his faith in grateful humanity, has moved to Pine Ridge, on the Hudson, and is negotiating for a partnership with the "successful practitioner."—*Medical Record*.

### Selections.

**Poisoning by Chlorate of Potash.**—It appears to be certain that this reputed "harmless" salt, says the *Medical Times and Gazette*, if given in the very large doses which have been lately recommended, especially in diphtheria, may produce poisonous and even fatal results. Dr. Jacobi, of New York (New York Medical Record), has met with a large number of cases among children in his clinic, in which the symptoms partly resembled those of acute nephritis; and Dr. Marchand has recently published four cases observed by himself (*Virchow's Archiv*), three of them fatal, and has found that the post-mortem appearances and the microscopic alterations of the blood coincided with those observed in animals experimentally poisoned with chlorate of potash. The ages of Dr. Marchand's patients ranged from three to seven years. They were treated for mild pharyngeal diphtheria and stomatitis, with doses of the salt amounting in one case to ten grams in less than twenty-four hours, in another to twelve grams in thirty-six hours, and in a third to twenty-five grams in thirty hours. The symptoms were vomiting, hematuria, a more or less icteric tint of skin, rapid wasting of flesh and strength, delirium, and coma. The urine contained quantities of disintegrated blood corpuscles. The blood itself was of a remarkable chocolate color, which did not alter on exposure to the air. The same color can be produced artificially by adding

chlorate of potash to blood and allowing it to stand for some hours. If the proportion of the salt be considerable the blood assumes a syrupy or even a gelatinous consistence; and under the microscope the red corpuscles are found to have acquired a peculiar glutinous character, so that they tend to agglomerate into masses. The spectroscope further shows that the lines characteristic of hemoglobin have been replaced by a distinct absorption-band in the red part of the spectrum, due to the conversion of the hemoglobin into *meth*-hemoglobin, an oxidation product of the former, discovered by Hoppe-Seyler. The poisonous effects of chlorate of potash are therefore in all probability the result of its oxidizing action on the red corpuscles. The *débris* of the latter are either excreted by the kidneys (in which case they color the urine brown), or they accumulate in the tubules of the renal cortex and cause death by suppressing the secretion of urine and producing a condition of "uremia." The kidneys themselves are enlarged and their surface is brown, but they exhibit no inflammatory appearances, the main alteration being the infarction of their tubules with corpuscular detritus. Dr. Marchand's paper is an important one, and it is clear from it that large doses of chlorate of potash are unsafe in childhood. Considering, however, what excellent results can be obtained, especially in stomatitis, by quite small doses of it, and how rarely any untoward result has occurred if the ordinary method of administration is adhered to, we can not agree with the writer that the use of this drug ought to be discontinued in treating children. It would be absurd to put aside so valuable a remedy because it does harm when abused. The same argument would apply equally to nearly every medicine in the Pharmacopeia.

**Retention of a Farthing in the Stomach for Seven Months.**—About three weeks ago a child, aged two and a half years, was brought here for enlarged strumous cervical glands. On inquiring into the history of the case the mother stated that about Christmas, 1878, she gave her purse to her child to play with. Shortly afterward she missed the farthing which the purse contained, and thinking the child might have swallowed it she gave it a dose of castor oil, by the advice of a medical man in the neighborhood. No ill effects followed, and for seven months nothing unusual was noticed. After this period the child was suddenly seized with coughing, vomiting ensued, and something was heard to tinkle in the utensil used. This proved to be the long-lost farthing, slightly eroded. This case illustrates how long a foreign body may remain in the stomach without passing into the intestines or causing any constitutional disturbance.—*J. R. Lunn, L. R. C. P. Lond., in Brit. Med. Journal.*

**Hooping - Cough.**—Dr. J. J. Caldwell's mode of treating this disease (*Brit. Med. Jour.*) is to place a steam atomizer in a position on a table before the patient, charged with the following mixture: *R* Extracti belladonnæ fluidi, gtt. vi—xij; ammonii bromidi, ℥j; potassii bromidi, ℥ij; aque destillatæ, fl. 3 ij. This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly and almost to a certainty.



**Asphyxia Caused by the Ascaris Lumbricoides.**—Dr. C. Fürst, one of Prof. Billroth's assistants, Vienna, reports, in *Wiener Med. Woch.* (Medical Times and Gazette) the case of a little girl of four who was suddenly seized while in hospital with symptoms of asphyxia, the cause of which could not be discovered during life. In spite of tracheotomy and artificial respiration she quickly died. Two hours later a living female ascaris was found hanging out of her nostrils. Dr. Fürst had noticed, after performing tracheotomy, that a male catheter, which he used in his haste instead of a canula, met with resistance when first introduced; and that after he had withdrawn it and made a second attempt it passed easily to the bifurcation of the trachea. Probably therefore the ascaris had retired toward the upper part of the larynx between the two attempts to make the catheter enter the trachea, and still later it had wandered into the posterior nares. The autopsy revealed no other possible cause of death. A male ascaris was found in the jejunum. Dr. Fürst has collected eight other cases of the same kind, besides sixteen previously collected by Davaine, and has appended an analysis of their clinical history to his paper, of which the following is a *résumé*: The predisposing causes of entrance of the ascarides into the larynx are chiefly vomiting, fever (their activity, according to Kuchenmeister, being much intensified by a high temperature), purgatives, and long fasting. Children are more liable to this accident than adults. The symptoms are most often those of acute dyspnea and aphonia, ending in asphyxia and early death. Sometimes the worm passes the larynx completely and remains in the trachea or bronchi. Here death does not ensue for several days, but the patient remains aphonic, and indicates the front of the neck as the affected part. Ultimately bronchitis ends the scene. The diagnosis is difficult. We must exclude laryngitis, croup, diphtheria, spasm and edema of the glottis, and diseases of the lungs. We must make sure that a cold abscess has not burst into the larynx or pharynx, and that asphyxia is only due to a foreign body becoming lodged in the larynx, or pharynx. The only clew to the presence of an ascaris—all other foreign bodies being excluded—is the knowledge that the patient has previously suffered from these worms. If the asphyxia passes off and the patient complains of pain in the trachea the probabilities in favor of ascaris lumbricoides are increased. As to treatment, if the worm can not be felt or seen from the mouth emetics and expectorants may be tried. Tracheotomy has failed to save the children's lives in the three cases in which it has as yet been tried. Post-mortem examination generally reveals the offending worm in the place to which the symptoms pointed. It excites inflammation as a simple foreign body as well as by its movements and by a peculiar corrosive action which it exerts. If it lodges in a bronchus it may cause pneumonia in the neighboring lung-tissue. In the larynx the arytenoid cartilages suffer most, being in the direct line of passage of the worm from the esophagus. The appearances proper to death by suffocation and the presence of other ascarides in the intestines will further be detected.

**Yaws.**—We have been favored with the third report (Brit. Med. Jour.) of the medical superintendent of Yaws Hospitals, in the island of Dominica. In this report Dr. Alford Nicholls remarks that within the last few years the disease has attacked so many

of the families of the peasantry that considerable alarm has been felt among all classes throughout the island, a special yaws-tax imposed by the legislature testifying to the gravity of what has been there termed the "yaws question." The true nature of the disease known in the West Indies as yaws is still obscure. A French physician has described the affection as syphilitic, an opinion to which Dr. Nicholls is opposed. The characters of the disease are thus given: "At first the eruption appears as small papules with a somewhat broadened base, usually no larger than a pin's head and but slightly elevated above the surface of the skin. In a few days these papules enlarge and the epidermis cracks upon the summit, disclosing a small yellowish point which has been likened to a globule of pus. The growth of the young tubercle necessitates the pushing aside of the superficial layers of the skin, and this is accomplished by the epidermis splitting in lines radiating from the central prominence, the resulting segments curling away before the rapidly-increasing yaw. The mature eruption consists of a number of yellow scabs elevated above the surface of the skin flat or sometimes depressed at the top and rounded off from the edges to the base. . . . In size and shape the tubercles vary much. They may be as small as a split pea or they may attain to so great a size as to occupy nearly the whole of the cheek with an incrustated mass half an inch thick. Their shape is rarely irregular, a circular form being the most common, and next in point of frequency are ovoid or reniform masses. Sometimes they are found in a circle inclosing sound skin. At other times they form a ring round the mouth or anus, and in consequence of the greater moisture in these situations they do not become dark and dry, as when they develop elsewhere. When in the anal fissure they are almost moist, but when they exist round the mouth or at the orifice of the nostrils they dry in some places and remain soft in others." The nails are frequently affected. In some cases mercury works a cure, and in many the symptoms rapidly disappear under iodide of potassium; in all improved hygienic conditions are of the greatest benefit; facts that, taken with Dr. Nicholls's clear picture of the symptoms, will not be lost sight of by pathologists who incline to accept the syphilitic theory.

[The efficacy of mercury and iodide of potash certainly point to syphilis as the cause of yaws. Is this disease ever found in America? We have never encountered it South or North, in military, private, or hospital work.]

**Diabetes Dependent upon Lesion of the Pancreas.**—(*Gazette des Hôpitaux*): The disease is marked by its sudden onset, and from its inception it is manifested by grave intestinal troubles, rapidly followed by polydipsia, polyphagia, polyuria, and glycosuria. In a few months the patient becomes greatly emaciated, he loses successively his physical, intellectual, and virile powers, sinks gradually into a state of exhaustion, and finally presents the symptoms of pulmonary phthisis. The total duration of the disease varies from six months to three years, the average being about twenty months. In addition to the general treatment indicated in all forms of diabetes, we have in these cases to attack the primary lesion. Unfortunately our efforts in this direction are of but little avail, being confined to endeavors to supply the function of the pancreatic juice by increasing the action of the auxiliary organs and by the artificial digestion of the food.—*New York Med. Record.*

### A Partial Review of Two Thousand Cases of Midwifery.—James Ayer, M. D., in Boston Medical and Surgical Journal:

The two thousand cases of midwifery which have occurred in my own practice commenced with the year 1839 and close with the present time. From my imperfect data a table has been prepared of obstetrical cases since 1859, or the last twenty years. Previously the annual number was greater:

Total number of cases from 1839 to 1879 .....2,000  
Total number of cases from 1859 to 1879 ..... 900

#### SINCE 1859.

Total number of boys noted..... 187  
Total number of girls noted..... 159  
346  
Still-born..... 42  
Twins..... 3  
Triplets..... 1  
Acephalous infant..... 1  
Intra-uterine amputation..... 1

#### PRESENTATIONS.

Face..... 3  
Face and right arm..... 1  
Shoulder..... 1  
Arm..... 2  
Breech..... 5  
Foot..... 3  
Placenta previa..... 1  
Cord..... 2

#### INSTRUMENTAL.

Forceps..... 35  
Craniotomy..... 2

#### COMPLICATIONS.

Adherent placenta..... 2  
Hour-glass contraction..... 1  
Puerperal convulsions..... 4  
Puerperal mania..... 2  
Puerperal peritonitis..... 3  
Hemorrhage, general..... 2  
Hemorrhage, ante-partum..... 2  
Hemorrhage, post-partum..... 2

#### OF THE CHILD.

Cyanosis..... 2  
Purpura hemorrhagica..... 2  
Spina bifida..... 1  
Imperforate ani..... 3  
Double hare-lip, with cleft palate..... 2

#### ABNORMALITY.

Umbilical cord forty-five inches..... 1  
Umbilical cord thirty-six inches..... 1  
Umbilical cord eight inches..... 2  
Hypertrophy of cord, excessive..... 1  
Primipara forty-five years old..... 1  
Seventeen years from last confinement..... 1  
Many umbilical cords with single and double knots.

### Successful Extraction of a Half-Penny Retained in the Esophagus Twenty-eight Days.

—This case is reported in the British Medical Journal by Hugh Thomas, M. R. C. S.: A lad, aged two, while playing with a half-penny accidentally swallowed it. He was at once taken to the nearest surgeon, who ordered a dose of castor oil, at the same time advising the parents to carefully watch the effects of the aperient. This, however, was not fol-

lowed by any good result. Becoming alarmed at the boy's condition, they consulted another medical man, who was of the opinion that the matter was best left alone. In the meanwhile he became gradually worse, losing flesh and experiencing some difficulty in swallowing. September 29th, twenty-eight days after the mishap, he was brought into hospital suffering from dysphagia and a short, dry cough, and always complained of a fixed pain at the lower portion of the sternum. When he was given some water to drink it could not be swallowed without an effort; solids he positively refused. Having satisfied myself that there were neither pulmonary nor cardiac complications, and gleaning from the history of the case that no operative measures had been resorted to, it occurred to me that the foreign body might still be impacted in the gullet. Accordingly a double probang was then introduced until the lower third of that canal was reached; here it was retarded by a somewhat resisting substance, but the difficulty was soon overcome, and the instrument reached the stomach forthwith. It was now expanded and slowly withdrawn, bringing up within its meshes the missing coin. The copper was much discolored, its surfaces assuming a brownish-black tinge and corroded in places. In a few minutes after the operation small quantities of frothy mucus tinged with blood were vomited; but the little patient was soon able to swallow all fluids and solids which were given to him. He came again four days later, when he could both eat and drink without difficulty, and, to use his own expression, "felt quite well."

**Tuberculosis in Infants.**—From a consideration of nine cases of tuberculosis in infants from ten weeks to ten months of age, including seven fatal cases with necropsies, Dr. Alois Epstein (*Prager Vierteljahrsschrift*) concludes that the presence of the disease in infants is in most cases due to infection with the milk of a tuberculous mother, and not to hereditary predisposition, as is usually supposed. Two of the children were the offspring of healthy mothers, but one was suckled by a phthisical wet-nurse. Seven were children of phthisical mothers. In one of the cases there were intestinal ulcers and cheesy infiltration of the mesenteric glands. The author remarks that the tuberculosis of infants and young children differs from that of adults in the great frequency with which the lymphatic glands, and especially the glands of the small intestines, are affected, and also in the comparative rarity of pulmonary disease in children. These facts appear to indicate that the starting-points of tuberculosis in children and in adults are different, and that while in adults and older children it is breathed in, it is sucked in by infants and young children.

**Scarlatina.**—The Boston Medical Journal says that the following propositions can be abundantly established, viz: 1. That during the prevalence of scarlatina there may occur cases of sore throat, both in those who have previously had scarlatina and in those who have not, and that this may be the only manifestation of the disease; 2. That these cases of sore throat without rash may communicate true scarlatina to others; 3. That scarlatina anginosa may be complicated by diphtheritic exudation; 4. That the period of incubation in many well-authenticated cases has not exceeded twenty-four to thirty-six hours; 5. That a patient in the first stages of disease is incapable of communicating it to another.

### Henning on the Appearance of the Tongue in Disease.—From London Medical Record:

1. The elongated and pointed tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centers. This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, as if we give an irritant cathartic it invariably aggravates the disease.

2. The pinched and shrunken tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion. It is said that when the tongue is heavily coated at the base with a deep yellow coat the liver is at fault. This is not always the case, and from my observation more often not the case. I have seen cases of jaundice with a white-coated tongue. Tobacco chewers nearly always have a yellow-coated tongue, and their liver may be sound.

4. The dry tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger and require close attention. In such cases nutrition and assimilation are suspended and food can not be taken, and if taken can not be properly assimilated. When given it should be in fluid form, and always above the temperature of 100°, and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good, but these organs need all the rest they can get until the disease is subdued. Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve-centers. Hence the arrest of secretion and this dryness. Here we readily read the state of the nervous system. In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue and some of the secretions re-established.

5. Often the tongue changes in the disease from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means also that the blood is in a septic condition—a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics. Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system, and the state of the blood. Of course we must take all other symptoms into consideration. Yet the appearances of the tongue as pointed out seldom fail in giving us at a glance valuable information as to the true condition of the system.

### Lunar Caustic in the Treatment of Ophthalmia.—Dr. W. A. Macnaughton writes, in the Medical Press and Circular:

"There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously-moistened integument above the affected eye, but when both are concerned I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude light from the eyes by means of a shade.

**Soup.**—Sir Henry Thompson, in the Nineteenth Century: Some regard it as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief; a clear soup or the fluid constitution of a *purée* disappears almost immediately after entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has without doubt its origin in the fact that aliment in this fluid form—in fact ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good warm *consommé* the feeling of exhaustion disappears and irritability gives way to the gradually rising sense of good-fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small installment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

**Sclerotic Acid.**—Speaking of this substance the Medical Times and Gazette says: It has the advantage of remaining indefinitely without loss of strength, if only kept in a dry place and undissolved. Its sodium salt Nikitin considers the best preparation for internal use in the human subject. Subcutaneous injection of either drug causes a "sharp biting" pain, which passes off in a few minutes. Von Ziemssen claims for sclerotic acid over ergotin that the former causes no inflammation at the seat of puncture.



**Slight Perineal Lacerations.**—Dr. Lyman read a paper lately before the Boston Society for Medical Improvement, from which the Boston Medical and Surgical Journal condenses thus: "Slight perineal lacerations are extremely frequent in women who have borne children, so much so that Schroeder estimated that they existed in over one third and Olshausen in over one fifth of all parous women. No laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order of their gravity, and more or less likely of course in proportion to the extent of the laceration, are, primarily, septicemia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. It is not meant that all, or many of them perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urges that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation with its necessary accompaniment of cicatricial induration.

**Salicylate of Iron.**—Dr. Walls White (Glasgow Medical Journal) prepares the salicylate of iron by dissolving together twenty-four grains sulphate of iron, thirty grains of salicylate of soda, and twenty grains acetate of soda in an ounce of water. The solution has at first a pale port-wine appearance, which darkens on exposure to the air; it has a pleasant taste, and each ounce contains thirty grains of salicylate of iron. Its primary action seems to be to promote secretion, stimulating the skin. It does not constipate the bowels, but rather corrects the alvine secretions. As a prophylactic against septicemia after surgical operations it is valuable. For diphtheria and the aphthous condition of the tongue in children in solutions containing four to ten grains to the ounce, combined with glycerine or with chlorate of potash, or both, it can be used with freedom as a mouth-wash and as a medicine. In erysipelas it may be given in doses of a tablespoonful, alone or combined with diaphoretics. It promotes perspiration, cleans the tongue, lowers the temperature, and reduces the pulse. It may be administered with freedom and in large quantities in cases of anemia without interfering with digestion. In skin diseases, also, and in desquamative nephritis, where the digestive organs have become weakened and a salt of iron is indicated, its powers are very marked. Salicylate of iron seems to combine the astringent powers of the iron, but in a minor degree to the sulphate or perchloride, with the antiseptic, antipyretic powers of the salicylic acid. If the preparation is long continued some of it passes out unchanged with the urine.

**The Treatment of Impotence and Sterility by Electricity and Damiana.**—Dr. J. J. Caldwell, the *Obstetric Gazette*, says that nearly all these cases are curable with electricity. The constant battery is used, the positive pole being applied to the spine,

and the negative run up and down in the direction of the spermatic cord. The sitting lasts from two to three minutes, and should be continued from two to four times a week, according to the severity of the case. In the female he recommends faradization of the womb for amenorrhea due to any cause whatever. The author makes no mention of damiana in the whole article, which is probably intended as a supplement to an article by the same author, printed June, 1878, in the *St. Louis Medical and Surgical Journal*, in which the doctor gives a number of cases treated with this drug (*Turnera aphrodisiaca*), which he states is "a tonic for the urino-genital organs and an alternative for the alimentary canal." The most of the cases reported were spermatorrhea, impotence, prostatic discharge, and amenorrhea. The treatment lasted from two months to one year, unsuccessful only in a few cases.

**Vaseline in Gynecological Practice.**—In the *Progrès Médical* of November 29th Dr. Sinéty calls attention to the value of this substance in place of fatty substances—glycerine, soap, etc.—for facilitating the introduction of the finger, speculum, or other instruments, and as an excipient for medicinal substances when applied to the os uteri. In place of using simple vaseline he prefers combining it with carbolic acid (one part to fifty of vaseline No. 1) in order to obtain disinfective properties when applying it to the finger, instruments, etc. Medicinally iodine, iodide of potassium, belladonna, etc. may be applied by its agency. —*Medical Times and Gazette*.

[Cosmoline will supersede the cerates commonly used in medical and surgical practice, when it becomes generally known to the profession. It never becomes rancid. Cerates do.]

**Injury to the Ear.**—A writer in the *Lancet* says: "The giving way of the membrana tympani is a very common occurrence in cases of catarrh, and I have seen the membrane ruptured by too forcible inflation with Politzer's apparatus during an attack of the same. As a rule such injuries heal rapidly without treatment in healthy persons, in whom the secretion within the cavity of the tympanum is non-purulent, and no loss of tissue or ultimate deafness results. When the tympanic cavity is full of fluid, and the eustachian tube is tumefied and occluded, the membrana tympani is doubtless subjected to considerable outward pressure, which seems soon to interfere with its due nutrition and renders it far more liable to rupture and ulcerative destruction. On the membrane giving way the patients usually find the hearing improved instead of its being made worse."

**Morphia-Mania.**—With respect to the proper treatment of this condition Dr. Levinstein is quoted (*Deutsche Med. Woch.*) to this effect: The proper practice in general is to at once leave off the morphia; yet in some cases occurring in sensitive persons it has to be continued in the customary doses for two or three days, and then gradually diminished. A curious fact deducible from the statistics of his cases is that of one hundred and ten cases occurring between the ages of twenty-one and sixty-five, of which number eighty-two were men, the surprisingly large contingent of thirty-two were medical men and eight medical men's wives. Among the relapses medical men occupied the first place, and after them came apothecaries.



